NREPP SAMHSA's National Registry of Evidence-based Programs and Practices

Learning Center Literature Summary
Implementation Science in the Department of Veterans Affairs: The Quality Enhancement Research Initiative

Overview

The Quality Enhancement Research Initiative (QUERI) of the United States Department of Veterans Affairs (VA) was designed to "improve the health of Veterans by supporting the more rapid implementation of effective clinical practices into routine care" (U. S. Department of Veterans Affairs, 2017). QUERI uses implementation research that is action-oriented (Stetler et al., 2006a) to advance clinical practice guideline development, implementation, and evaluation and develop performance measures and quality improvement (QI) initiatives (Craig & Petzel, 2009). As such, QUERI promotes enhanced quality-of-care and health outcomes for veterans, drawing from implementation science and evidence-based care (U. S. Department of Veterans Affairs, 2017; Demakis et al., 2000). QUERI supports health care providers and clinical leadership within the VA health system to incorporate research findings into clinical practice. QUERI's implementation of evidence-based care is achieved through multidisciplinary teams of researchers, policymakers, and leaders within the VA's decentralized system of local clinical care (Stetler et al., 2008b; Demakis et al., 2000).

Background

The VA launched a massive restructuring effort in the 1990s in response to calls for better health care delivery and growing budgetary concerns. During that time, the VA adopted widespread structural changes that shifted the delivery model to focus on team- and evidence-based care and produce "industry-leading quality and performance" (McQueen et al., 2004). Crucial to this systemic shift was the adoption of key measures of health care processes and outcomes, a centralized, systemwide patient record system, and a repository of evidence-based, clinical practice guidelines with tools to support their adoption (McQueen et al., 2004).

Initial Development of QUERI

QUERI was launched in 1998 as part of the Health Services and Research Development (HSR&D) arm of the VA's Office of Research and Development as a direct response to the VA's commitment to investigating and improving quality of care. These efforts were driven by a rigorous and practical research agenda (Demakis et al., 2000). QUERI has evolved over time, expanding the number of its disease or problem-focused program areas, adapting processes and frameworks based on new knowledge, and designing both system- and program-wide goals (Stetler et al., 2008b). As a result, QUERI's field-level experience has produced many insights and refinements to the program (Stetler et al., 2008a) that can be generalized to other programs within and outside of the VA. Because of QUERI, VA has become a leader in funding and conducting implementation science, often boosted by the national health system's service delivery laboratory.

Structure of QUERI

The national network of QUERI programs were initially centered around priority conditions. These are high-volume, high-risk conditions among veterans (Demakis et al., 2000). More recently, QUERI has evolved to focus on reducing variation in care by providing a clear path to implement best practices across conditions, disciplines, and facilities. Currently, QUERI programs focus on cross-cutting Veterans Health Administration priorities and specify roadmaps for implementation of research-informed practices across different settings (Atkins et al., 2017). Clinicians, researchers, and policymakers participate in these multidisciplinary teams, which are located where VA research has been seeded and where there are existing university partnerships. There are currently 15 programs spread across 12 sites (U. S. Department of Veterans Affairs, 2017). The goals of each program are multidisciplinary and practical: programs are designed to improve team-based care coordination and outcomes; enhance measurement-based proactive, personal care; and create tools to help implement team-based care. Brief descriptions of these 15 programs are presented in Table 1.

Table 1. QUERI Programs

Antimicrobial Resistance, Salt Lake City, UT	The Combating Antimicrobial Resistance through Rapid Implementation of Available Guidelines and Evidence (CARRIAGE) works to identify and support evidence-based practices, policies, and programs that prevent healthcare-associated infections in- and outside of VA facilities.
Behavioral Health, Little Rock, AR	The Team-Based Behavioral Health program of QUERI facilitates team-based care and focuses on Telemental Health, Replicating Effective Programs (REP), evaluating QI strategies for measurement based care, and integrating peer specialists into VA programs.
Care Continuum, Bedford, MA	The Bridging the Care Continuum program works to identify, test, and implement models of care (i.e., outreach, diagnosis, clinical care) that will improve health outcomes for veterans with multiple vulnerabilities. Specific projects have focused on liver disease outreach, independence and sobriety, and re-entry support for those released from incarceration.
Chronic Pain, West Haven, CT	The Improving Pain-Related Outcomes for Veterans program (IMPROVE) works to improve function and quality of life among those with chronic pain. The program promotes pain-management resources, including cognitive–behavioral therapy, and uses a care-management strategy to reduce dependence on opioid-benzodiazepine.
Function and Independence, Durham, NC	The Optimizing Function and Independence program implements, tests, and promotes interventions that prevent disability during hospitalization, improve function among patients with symptomatic knee osteoarthritis, and train caregivers to prevent nursing home placements.
Long-Term Care, Ann Arbor, MI	The Implementing Goals of Care Conversations with Veterans in VA Long-Term Care (LTC) Settings program identifies and evaluates approaches to creating conversations with veterans to support their individual preferences for care during life-threatening situations and end-of-life care.
Measurement Science, San Francisco, CA	Measurement Science supports the standardization of VA data systems and evaluates and promotes QI and implementation projects related to colonoscopies, integrated pain management, home-based cardiac rehabilitation, and the measurement of functional status.
Medication Safety, Palo Alto, CA	The MedSafe program works to improve medication management, especially among the most common chronic conditions, evaluate medication trackers and pharmacy systems in place to promote medication safety, and promote high-value medications over low-value medications.

Patient-Centered Care, Los Angeles, CA	The Care Coordination QUERI: Improving Patient-Centered Care Coordination for High-Risk Veterans in PACT program develops and assesses the effectiveness of an online toolkit for care coordination and distance-coaching interventions, works to improve communication with system providers and teams, and seeks to improve care coordination for high-risk veterans.
Precision Monitoring, Indianapolis, IN	Precision Monitoring to Transform Care (PRISM) implements projects that compare models for improving patient hospital experiences in the lowest stroke-performing VA hospitals, support improved interventions for veterans who have experienced minor strokes, and decrease the number of carotid ultrasounds ordered for veterans.
Personalized Care, Ann Arbor, MI	PeRsonalizing Options through Veteran Engagement (PROVE) is a program that uses patient-centered, performance-management systems to ensure appropriate care, which is being piloted within projects focused on lung cancer screenings; and supports health promotion and disease prevention through self-management programs, which is being piloted in a weight management program.
Safety and Quality, Seattle, WA	Improving Safety and Quality through Evidence-Based De-Implementation of Ineffective Diagnostics and Therapeutics is focused on promoting continuous performance improvement, identifying and prioritizing ineffective or low-value diagnostics and therapeutics, and developing effective de-implementation strategies.
Triple Aim, Denver, CO	The Triple Aim QUERI program is identifying care gaps and testing new strategies for the Practical, Robust Implementation and Sustainability Model (PRISM) framework. The program is also evaluating the impact of current implementation strategies in various projects and creating an interactive implementation toolkit.
Virtual Specialty Care, Seattle, WA	The Virtual Specialty Care QUERI program is targeted at implementing and evaluating interventions to improve access to high-quality, specialty care for veterans in rural areas. This includes improving strategies in virtual care technologies (e.g., telehealth, ehealth, and mobile health).
Women's Health, Los Angeles, CA	The Enhancing Mental and Physical Health of Women through Engagement and Retention (EMPOWER) is working to improve retention of female veterans with high-priority health conditions (i.e., diabetes, depression, cardiovascular risk) in evidence-based care.

In addition to its programs, QUERI also co-funds a series of Partnered Evaluation Initiatives with healthcare operations partners who seek to evaluate and enhance key evidence-based practices. Programs and initiatives serve to support VA's evolution to a learning healthcare system (Kilbourne et al., 2017). Brief descriptions of these 18 Partnered Evaluation Initiatives are presented in Table 2.

Table 2: Partnered Evaluation Initiatives

Inter-Professional Learning, Portland, OR	Action-Oriented Evaluation of Inter-Professional Learning Efforts in the Centers of Excellence in Primary Care Education (CoEPCE) and Inter-Professional Academic Patient Aligned Care Team (IA-PACT) environment evaluates the adoption, implementation, and dissemination of inter-professional, educational-training programs for health professionals in the VHA. They also evaluate the effectiveness of various training strategies.

Infection Prevention, Madison, WI	Building Implementation Science for VA Healthcare-Associated Infection (HAI) Prevention evaluates current practices as well as evidence-based interventions for preventing HAI within the VHA as well as patient acceptance of such interventions.
Access Policy and Evaluation, Boston, MA	Capitalizing on Quantitative Metrics to Advance the Implementation and Evaluation of the Clinic Management Training Program monitors and expands outpatient access by evaluating management policies, staffing capacity, and interventions designed to improve access.
Caregiver Support, Durham, NC	Caregiver Support (VA-CARES) Evaluation Initiative evaluates the impacts of the Comprehensive Assistance for Family Caregivers and the Caregiver Support Services Programs on veterans and on their caregivers. These programs were designed to provide support, training, and assistance to veterans' caregivers.
Complementary and Integrative Health, Los Angeles, CA, and Boston, MA	Complementary and Integrative Health (CIH) Evaluation Center evaluates the implementation and impacts of CIH approaches such as acupuncture, mindfulness meditation, and yoga for certain health conditions. Specific projects include examining the access to and demand for CIH.
Community Nursing Homes, Providence, RI	Disseminating a Dashboard for VA-Purchased Community Nursing Homes (CNH) program improves the quality of care in CNH facilities by evaluating the impact of the CNH dashboard on quality of VA-purchased CNH.
eHealth, Bedford, MA	eHealth Partnered Evaluation Initiative evaluates the impact of eHealth technologies on access and outcome measures, including the VA's automated telehealth test-messaging system.
Women's Health, Los Angeles, CA	Evaluating Evidence-Based QI of Comprehensive Women's Health Care in Low-Performing VA Facilities evaluates the effectiveness of evidence-based QI initiatives and factors associated with successful delivery of healthcare for women veterans.
Ultrasound Training, San Antonio, TX	Evaluation of Implementation of a National Point-of-care Ultrasound (POCUS) Training Program evaluates provider skills and use of POCUS after participating in a POCUS training and determines the factors associated with use of POCUS. POCUS has the potential to reduce patient radiation exposure and healthcare costs by reducing testing and more quickly diagnosing illnesses.
Patient-Centered Care, Bedford and Boston, MA	Evaluating VA Patient-Centered Care: Patient, Provider, and Organizational Views evaluates the effectiveness of patient-centered care in the VHA system as well as the factors associated with their success.
GeriPACT, Boston, MA, and Iowa City, IA	Geriatric Patient-Aligned Care Team (GeriPACT) Implementation is a model of care for frail, elderly veterans and support for their caregivers. It focuses on connecting veterans with the most appropriate care and using a single point-of-contact for care.
Evidence-Based Policy, Boston, MA	Partnered Evidence-Based Policy Resource Center (PEPREC) provides data analysis to support policy, planning, management, and evaluation that is designed to improve quality and efficiency in the VA healthcare system. The program also is designed to improve performance measures such as access, demand, and capacity.
Lean Enterprise, Boston, MA, and Pablo Alto, CA	Lean Enterprise Transformation Evaluation Initiative evaluates and assesses the impact of the LEAN program, which is designed to improve quality and efficiency. This includes identifying the factors that facilitate or prevent successful improvements.
Health Equity, Los Angeles, CA	Office of Health Equity-QUERI Partnered Evaluation Initiative explores spatial distribution of disparities in mortality and morbidity among veterans as well as trends in health-care quality and models of care used within the VHA system.
Social Determinants, North Little Rock, AR, and Seattle, WA	Social Determinants of Health and Healthcare Resource Needs of Rural Veterans supports the Office of Rural Health by providing data and recommendations that inform strategic planning of future efforts to assist rural veterans. This includes clearer research on the social and geographic determinants of access, demand, utilization, and quality.
Diffusion of Excellence, Durham, NC, Ann Arbor, MI, and Bedford, MA	Spreading Healthcare Access, Activities, Research and Knowledge (SHAARK) identifies factors related to Diffusion of Excellence Initiative participation and successful implementation of gold-status best practices.
Nursing Effectiveness, Ann Arbor, MI	VA Nursing: Effectiveness and Entry evaluates the effectiveness of programs designed to support effective nursing, nurse staffing, and retaining graduate nurses in practice. Specifically, evaluation is focused on the Staffing Methodology initiative and the RN Transition-to-Practice initiative.
Nursing Innovations, Tampa, FL	VA Nursing Innovations Collaborative for Evaluation provides implementation and evaluation support to the Office of Nursing Service (ONS). Specific target initiatives within the ONS

	include the Prevention of Pressure Ulcers (PrU) as well as the effort to expand the availability and quality of advance practice nursing.

QUERI teams use an iterative six-step process to translate research to practice, based on extensive VA experience and the research literature (Demakis et al., 2000; Yano, 2008). The steps are 1) selection of high-priority conditions among veterans, 2) identification of best practices, 3) assessment of current practices, 4) identification and implementation of interventions, 5) documentation of best practices that improve outcomes, and 6) identification of how health outcomes relate to improved health-related quality of life for veterans (Demakis et al., 2000; Yano, 2008).

Selected Research Findings

QUERI represents an example of how organizational research can inform the implementation science of evidence-based practices (Yano, 2008). For example, the Translating Initiatives in Depression into Effective Solution (TIDES) program under QUERI used evidence-based quality improvement (EBQI) methods to improve patient mental-health outcomes (Rubenstein et al., 2010). The intervention consisted of adapting depression care models using EBQI methods, with the help of researchers with expertise in this area (Rubenstein et al., 2010).

As a national-level integrated, system-wide QI effort, substantial research both within and outside of the VA QUERI programs has been dedicated to assessing their efficacy, appropriateness, and transferability to other fields, particularly within the implementation science field (Solberg, 2009; Stetler et al., 2008b). The subsections that follow provide an overview of the major lessons learned in study design and in implementing, sustaining, and disseminating EBQI within QUERI, using literature that summarizes the broad themes that emerged from research on this topic as well as some empirical papers that provide useful examples.

Study Design

Some of the literature derived from QUERI research has focused on best practices for designing implementation intervention studies. For example, Curran et al. (2008) documented their process for developing an implementation intervention to assist VA substance use disorder clinics to better treat depression among clients. The intervention and study were part of the larger QUERI program and relied on an EBQI strategy for primary care settings in which they applied a tiered implementation approach to identifying and treating depression within substance use disorder clinics (Curran et al., 2008). The authors argued that the process requires investigators to conduct a diagnostic or formative evaluation (FE) of the needs, barriers, and facilitators of the sites and then rely on multidisciplinary teams to develop interventions based on that FE (Curran et al., 2008).

More recent work by Curran et al. (2012) built on broader QUERI efforts to propose the concept of hybrid effectiveness-implementation within QUERI programs: a research design that focuses on both process and outcome. They offered three research design models that all fit within the hybrid effectiveness-implementation concept, each of which paces testing and the gathering of information for the clinical intervention and the implementation strategy at different times (Curran et al., 2012). The models of hybrid effectiveness-implementation research designs are meant to help provide researchers with a starting point for designing hybrid solutions that

draw on multidisciplinary teams and should be adopted based on the intervention type and its context (Curran et al., 2012).

Implementation

While implementation and QI have similar goals, they differ in that implementation seeks to improve the quality of health care by implementing an underutilized EBP, whereas QI is driven by a specific problem from which strategies are designed to overcome that specific problem (Bauer et al., 2015). In this subsection, however, the focus is on the research on factors associated with successful implementation of QI that has emerged on the implementation of EBQI strategies employed by various QUERI projects. These include the following: health information technology, multilevel approaches, formative evaluation, and external facilitation.

Health Information Technology. Health information technology (HIT) that promotes continuous improvement and accountability is a core property of successful implementation across QUERI programs (Kirchner et al. 2010; Hynes et al., 2010). Hynes et al. (2010) interviewed key informants from QUERI centers and found that HIT and implementation research are mutually benefiting each other. They also found that collaboration between clinicians and administrators helped to minimize HIT barriers that arose (Hynes et al., 2010). Perceptions of HIT can also vary by stakeholder group. Lyons et al. (2005) examined perceptions of VA Medical Center administrators, physicians, and nurses on the use of HIT in implementing clinical practice guidelines (CPGs) and found that administrators focused more on HIT as a facilitator of maintaining guidelines, whereas physicians and nurses focused more on HIT as a barrier because of the time, workload, and challenges it added. Components of HIT, such as decision support, performance evaluation, computer literacy, and patient records, were viewed very differently across each group of stakeholders. The authors argued that having such wide variation in perceptions of HIT could make it more difficult to follow CPGs (Lyons et al., 2005). Therefore, collaboration, support, and staff buy-in of HIT are integral for implementation success.

Multilevel Approaches. Multilevel approaches and leadership are also key factors in implementation success. Kirchner et al. (2010) argued for a multilevel approach for successful implementation of Primary Care-Mental Health (PCMH) programs that incorporate both top-down and bottom-up implementation strategies. They found that the systematic involvement of and input gathering from stakeholders (staff, change agents, etc.) in the mental health care system led to successful implementation (Kirchner et al., 2010). This multilevel approach should also incorporate leadership at all levels, an environment that supports learning throughout the care process, and emphasis on the development of effective teams (Kirchner et al., 2010).

Formative Evaluation. Formative Evaluation (FE) is also a key component of implementation of QI efforts within QUERI (Stetler et al., 2006b). FE is a rigorous assessment that goes beyond assessing whether an intervention worked to addressing why it worked, what contextual and programmatic factors influenced its success, and the adaptations needed to allow it to succeed (Stetler et al., 2006b). Like all QI efforts, evaluation is fundamental in QUERI's behavioral health programs. FE has been successfully incorporated into several QUERI programs. Hagedorn et al. (2006) reiterated the importance of understanding the context of an intervention so that it can be customized to local conditions and so that local leaders who might act as gatekeepers for success can be identified. In doing FE, researchers must choose appropriate measures as well as

distinguish between program alterations that prevent critical problems and modifications that fundamentally change the intervention (Stetler et al., 2006b). FE is important in order to anticipate and minimize barriers or problems with the intervention (Hagedorn et al., 2006). Changes in context during implementation require that the program be flexible and adaptable (Hagedorn et al., 2006).

External Facilitation. Finally, external facilitation plays a key role across many QUERI programs. External facilitation is the type of facilitation that comes from a change agency outside of the implementation site. Stetler et al. (2006a) evaluated use of external facilitation across six QUERI-related, VA implementation projects and found that while it is a key factor in QUERI program success, facilitation can take different forms depending on the context (Stetler et al., 2006a). It can range from providing support to assisting with problem solving (Stetler et al., 2006a). Crucial to the success of external facilitation are several factors, including support from leadership, recognition among relevant stakeholders of the importance of the external facilitator, and the need for dedicated time for facilitation (Stetler et al., 2006a). Implementation facilitation, or the blending of both internal regional facilitation and external expert facilitation, has also been found to be effective in Primary Care-Mental Health Integration program uptake, quality, and adherence (Ritchie et al., 2017; Kirchner et al., 2014) facilitating program success. Kirchner et al. (2014) also developed an Implementation Facilitation Training Manual that provides resources and information on how to conduct implementation facilitation and includes examples from the VHA.

Dissemination

The concept of dissemination differs from implementation in that it is the purposive spreading of intervention information and materials (Bauer et al., 2015; HSRIC, n.d.). Some research has been dedicated to effective dissemination of programs. For example, Luck et al. (2009) found that disseminating effective collaborative care models, such as the Translating Initiatives for Depression into Effective Solutions (TIDES) QUERI program, may be more effective using a social-marketing approach. Their social-marketing approach relied on stakeholder partitioning (e.g., VA leaders, facility managers, frontline providers, veterans) to target marketing to the needs and characteristics of each segment. The social-marketing approach to dissemination was considered a success as the TIDES program had spread to over 50 primary care practices and was continuing to expand at the time of publication.

Implementation and dissemination studies often face challenges at the level of research Institutional Review Boards (IRBs), which are set up to protect research subjects and data integrity. This, too, has been a subject of QUERI research. Chaney et al. (2008) submitted over 100 IRB applications, amendments, and renewals across 13 different IRB offices for studies related to QUERI projects. They summarized the key themes they found through these interactions with IRB offices, and one of the commonalities they found was ambiguous guidelines. They argued that "IRBs are often at risk of applying both variable and inappropriate or unnecessary standards to implementation research that are not consistent with the spirit of the Belmont Report (a summary of basic ethical principles identified by the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research), and which impede the conduct of evidence-based quality improvement research" (Chaney et al., 2008, p. 1). The authors argued that researchers must develop strong lines of communication with IRB representatives to assist in determining appropriate risks and benefits and reducing

the risk of ethical dilemmas. This is especially important when working on multisite projects.

Case Study: QUERI for Team-Based Behavioral Health

The Team-Based Behavioral Health Program of QUERI facilitates team-based care and includes projects focusing on telemental health, establishing evidence-based teams in general mental health, evaluating QI strategies for introducing measurement-based care, and integrating peer specialists into VA primary care clinics. Drs. JoAnn Kirchner and Mark Bauer are the Co-Principal Investigators for this QUERI project. The QUERI for Team-Based Behavioral Health was established in 2016, and the above projects are well underway. Its forerunner, the Mental Health QUERI Center, had worked for the better part of the prior decade on similar issues. Some examples of this work follow.

Kirchner et al. (2014) examined effectiveness of an implementation facilitation (IF) strategy for embedding mental health care within VA primary care settings. They used an evidence-based IF strategy partnered with national level support within a Primary Care-Mental Health Integration (PC-MHI) program. That national level support included consultation, technical assistance, training, and sharing of best practices. The IF also utilized a national external expert facilitator to provide expertise and consulting. They found that the partnered IF strategy was significantly more likely to result in increased access to mental health care within VA clinics, compared with clinics that did not utilize this strategy.

Kirchner et al (2010) examined a facilitation model that included a variety of components, including engaging local change agents (champions) and stakeholders, providing education to current providers and staff, monitoring fidelity and performance, using FE, and adapting the program to fit the context and needs of the site. Much of this work was supported by internal and external facilitators. Through this work, the model was able to use both a top-down and bottom-up approach to promote leadership and engagement at multiple levels (Kirchner et al. 2010). In addition, information technology in the form of electronic medical records allowed for a performance feedback method to adapt approaches to improve quality and performance (Kirchner et al., 2010). The initial findings showed that referrals to specialty mental health care may be lower using this model (Kirchner et al., 2010).

Kirchner et al. (2011) described the implementation and evaluation of a program designed to increase rural veterans' access to mental health care by training those who were most likely to have contact with potential clients (i.e., clergy, postsecondary educators, and criminal justice personnel). Initial outcomes from this program at the time of publication have led the VA to expand the pilot program to other sites.

Finally, Kirchner et al. (2014) described the lessons learned from QUERI's Mental Health program's partnership with the VA Office of Mental Health Operations (OMHO) to disseminate the successful models of PC-MHI. They argued that such partnerships require partners to develop strong relationships that are built on mutual respect and clear expectations, to have regular and open lines of communication, and to have the ability to adapt to each stakeholder's timelines.

Sustainability

The sustainability of a QI initiative has also been a focus of QUERI implementation science research. Bowman et al. (2008) defined sustainability as "continued use of core elements of an intervention and persistent gains in performance as a result of those interventions." Based on their sustainability analyses of two interventions within a broader HIV/Hepatitis QUERI center project, they recommended that, in order to improve return-on-investment of future QI and implementation projects, sustainability evaluation should include 1) FE during implementation processes, 2) an array of measurement strategies, 3) and follow-up analyses.

Conclusion

QUERI represents a massive effort on behalf of a major agency (i.e., VA's HSR&D) to drive the development of research on implementation. Based on the agency's experience, a guide for implementation research has been developed over the past nearly 2 decades. That guide provides an overview of best practices for conducting research and covers 1) applying frameworks, theories, and models; 2) diagnosing a gap and designing an intervention; 3) methods used in implementing research into practice; 4) formative evaluation; 5) tools and toolkits; and 6) resources for implementing research into practice. These resources are available to researchers, clinicians, and administrators who seek to develop an implementation research agenda.

QUERI represents a dramatic shift in health care delivery within the VA health care system over the past 20 years. Its design prioritizes both process and outcomes in improving and disseminating high-quality care initiatives that are grounded in rigorous and peer-reviewed research. The multidisciplinary approach assembles perspectives from each facet of the health care delivery system to focus on the high-risk and high-volume conditions and diseases that face veterans. From QUERI, research and tools based on that research are now available to help guide researchers, administrators, policymakers, and clinicians with implementing EBPs both within and outside of the VA health care system.

Resources

U.S. Department of Veterans Affairs: Quality Enhancement Research Initiative (QUERI)
U.S. Department of Veterans Affairs: QUERI Implementation Guide
U.S. Department of Veterans Affairs: QUERI Tools and Resources

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